



DEQ Use Only	
Check No.	AI No.
Date	Amount

I. Applicant Information: (please print or type)

Training Provider Name:		<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal
Contact Person:	Title:	E-mail:	
Business Address:			
City:	State:	Zip:	
Phone: ()	Fax: ()		

If yes, specify state and name of company: _____

List location(s) and description of facilities where course(s) will be offered:

Location	Facility Description

V. Description of equipment available for hands-on-training:_____

VI. List the names of the principal instructors and contact information:

<u>Name</u>	<u>Telephone No.</u>	<u>Email Address:</u>
_____	(_____)_____	_____
_____	(_____)_____	_____
_____	(_____)_____	_____
_____	(_____)_____	_____

VII. Certification: I do hereby certify that I will comply with Chapter 27 requirements and that:

- The training provider meets the minimum requirements established in LAC 33.III. Appendix A Section F.
- Each instructor meets the qualifications described in LAC 33.III. Appendix A. Section F.d.
- EPA-authorized model training materials will be used or course materials will be submitted for agency approval.

Signed: _____
(Training Manager/Owner/Representative) _____ (Date)

VIII. Submit application materials and appropriate fees to the address above.